

7. ADULTS

7.12 Adult Carers

This chapter looks at health and wellbeing issues affecting Adult Carers. This chapter should be read in conjunction with the Buckinghamshire carers' needs assessment 2015 and carers' strategy 2016 – 19.

A carer is anyone who cares, unpaid, for a friend or family member who due to illness, disability, a mental health problem or an addiction cannot cope without their support". Carers under the age of 18 are defined as young Carer and they usually care for siblings or parents.

7.12.1 *The importance of adult carers*

Supporting carers should be a priority as they are important advocates for the cared-for. An analysis by Carers UK and University of Leeds estimated the economic value provided by Buckinghamshire's 47,557 carers in 2011 as £716million. Furthermore a significant proportion of the population is likely to take on a caring role in their lifetime. Nearly 66% of females and 50% of males by the age of 75 will experience being an informal carer (providing more than 20 hours /week).

7.12.1.1 The impact on health

- Majority (66%) of adult registered carers have pre-existing conditions or disability. (HSCIC Adult Carers Survey 2012-13).
- GP records show that carers (compared to non-carers) have a significantly higher prevalence of certain risk factors and medical conditions: smoking, hypertension, obesity, stroke, type 2 diabetes and ischemic heart disease. (GP EMIS Data– AVCCG)
- Main mental health issues raised by adult carers are anxiety, stress, low mood and emotional exhaustion. (Buckinghamshire Adult Carers Workshops).

7.12.1.2 The impact on economic prospects & education

- There is a 2.07 times higher risk of economic inactivity in carers providing ≥ 50 hours of care/week compared to those providing ≤ 19 hours/ care per week. (ONS Census 2011).
- The main difficulties young carers report with education is difficulty concentrating (60% all the time or sometimes) and being late for school (53% all the time or sometimes). Only 17% of young carers report they

“sometimes” plan for the future. (Young Carers Assessments).

7.12.1.3 The social impact of caring

- Carers feel lonely even if not alone with 1 in 10 carers feeling particularly socially isolated. Only a fifth of carers feel they have control over how they can spend their spare time. Furthermore, approximately a quarter of carers feel they have as much control over their life as they wish. (HSCIC Adult Carers Survey 2012-13) (Buckinghamshire Adult Carers Workshops).
- The most common social impact reported by young carers is difficulty participating in family or social activities (63% all the time or sometimes). 40% of young carers all the time or sometimes report difficulty making friends. (Young Carers Assessments).

7.12.2 Numbers and prevalence

Demography of carers in Buckinghamshire (2011 Census)

7.12.2.1 Numbers

In 2011, 49,514 people (9.8% of the population) in Buckinghamshire provided unpaid care which 1875 self-identified as young carers. This is 1.5% of the total population of young people aged 0-19.

7.12.2.2 Age

The age bands with the highest proportion of carers are in the 50-64 range where nearly 20% of the population provide informal care. 9% of the population in the 25-49 age groups are carers. 2% of the population in the 0-24 age group identified themselves as carers. 47% of all young carers are aged between 16-19 years.

7.12.2.3 Gender

58% of informal carers in Buckinghamshire are female.

7.12.2.4 Ethnicity

13% (6324 carers) of all self-identified carers are from a BME background in 2011. The largest ethnic minority group among carers is the “Asian/ Asian British who form 7% of the carer population in Buckinghamshire.

7.12.3 Geographical locations of Adult Carers

Two third of carers in Buckinghamshire are resident in Aylesbury Vale (33%) or Wycombe Districts (33%). Although a smaller percentage of carers reside in 20% of the carer population resides in Chiltern (20%) and in South Bucks (14%), the proportion of population who are carers in Chiltern (10.4%) and South Bucks(10.3%) is slightly higher than Aylesbury Vale(9.5%) and Wycombe(9.6%).

7.12.4 Trends in carer prevalence over time

In a ten year period, in Buckinghamshire, the percentage increase in the number of carers is 13% from 43,821 in 2001 to 49,514 in 2011. This translates to an absolute increase of 5693 in carer numbers during this time period. Percentage change in unpaid care for young carers between 2001 and 2011 is 30%.

Furthermore, a higher proportion of the population are self-identifying themselves as carer in 2011 (10% of the population) compared to 2001 (9% of the population) (table 1). There is in particular an increase in carers providing >50 hours of care per week. In 2001 only 1% of the population in Buckinghamshire provided >50 hours of care per week but in 2011 2% of the total population provided this amount of care per week.

Table 1 Trends in registered carer numbers over time

	2001	2006	2011	2014
Count of carers	31	692	2372	3699
Buckinghamshire population	479028	481539	511488	518500
Prevalence	0.01%	0.14%	0.46%	0.71%

Source: AIS Database, BCC

7.12.5 Inequalities

7.12.5.1 Health of adult non-carers vs adult carers (age 16+)

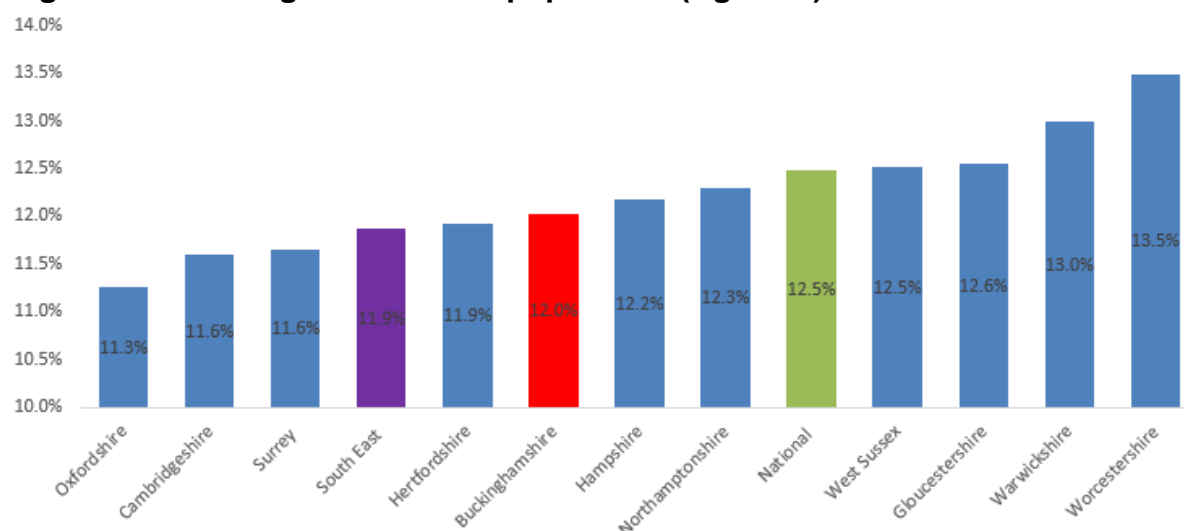
- 4.2% of carers in Buckinghamshire report bad or very bad health which is similar to the reported health status of adult non-carers in Buckinghamshire (4.2%). However, as the number of hours of care provided per week increases the proportion of carers reporting bad or very bad health increases. Only 2.7% of carers providing 1-19 of care/week report bad or very bad health. In contrast, 1 in 10 (9.9%) of carers providing >50 hours of care/week report bad or very bad health.

- 4.6% of male carers report bad or very bad health. In contrast 4.0% of female carers report very bad or very bad health.
- Carers in the minority ethnic group "Others" and "Black/African/Caribbean/Black British" have a higher proportion reporting bad or very bad health compared with the White ethnic groups (1.9 times higher relative risk of bad or very bad health compared to the majority "White total" ethnic group. There is no significant difference in the relative risk of carers from "mixed/multiple" and "Asian/Asian British" groups reporting bad/very bad health compared to "white total" group.
- The proportion of carers reporting bad or very bad health increases with age. Only 1.5% of carers under 25 report very bad or bad health in contrast to 7.4% of older carers (age >65).
- A higher percentage (38.4%) of adult carers in Buckinghamshire are economically inactive compared with 32% of adult non-carers are economically inactive. Furthermore as the hours of care provision increases the proportion of carers who are economically inactive increases. 31% of carers providing 1-19 hours of care/week are economically inactive compared to 65% of carers providing >50hours of care/week.

7.12.5.2 Comparative analysis of health and social care indicators

In Buckinghamshire, 12% of adults (aged 16+) have identified themselves as informal carers compared with the England average of 12.5% (Figure 1).

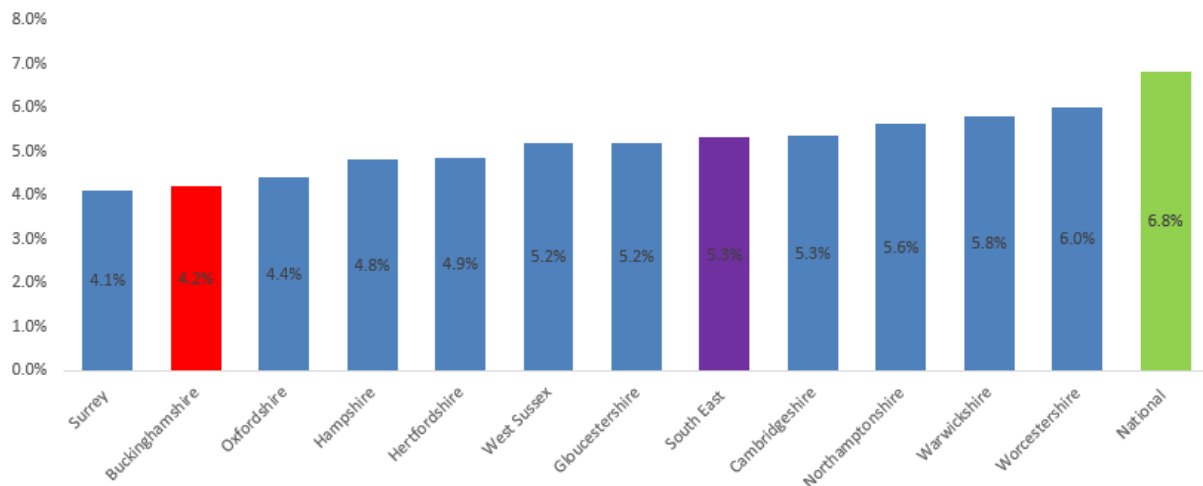
Figure 1 Percentage of the adult population (Age 16+) who are informal carers



Source: Census 2011, ONS

Buckinghamshire ranks second best (4.2%) when comparing the proportion of adult carers reporting bad/very bad health. This is lower than the South East (5.3%) and national (6.8%) - Figure 2.

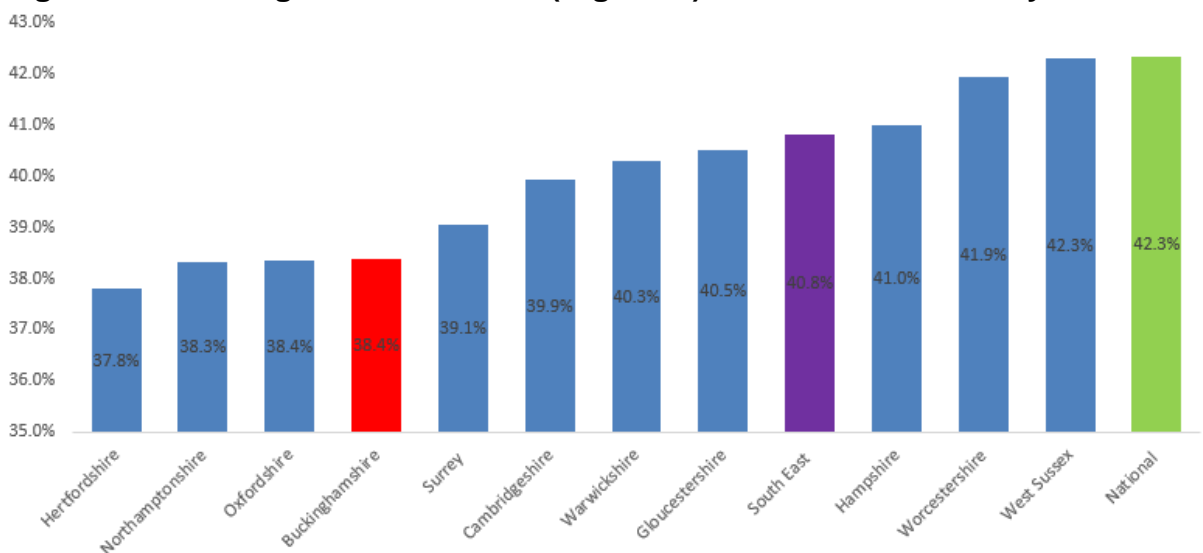
Figure 2 Percentage of adult carers (Age 16+) who have report bad or very bad health



Source: Census 2011, ONS

Comparing the proportion of adult carers who are economically inactive, Buckinghamshire ranks 4th best (38.4%) amongst its neighbours and better than the South East (40.8%) and national (42.3%)- Figure 3.

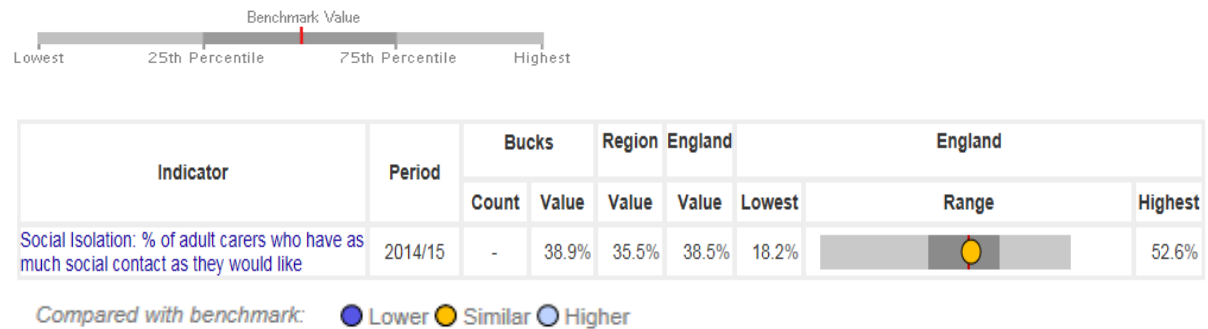
Figure 3 Percentage of adult carers (Age 16+) who are economically inactive



Source: Census 2011, ONS

In Buckinghamshire 38.9% of adult carers have as much social contact as they would like to which is similar to the national average of 38.5%.

Figure 4 Percentage of carers who have as much social contact as they would like to



Source: Public Health England, Dementia profile.

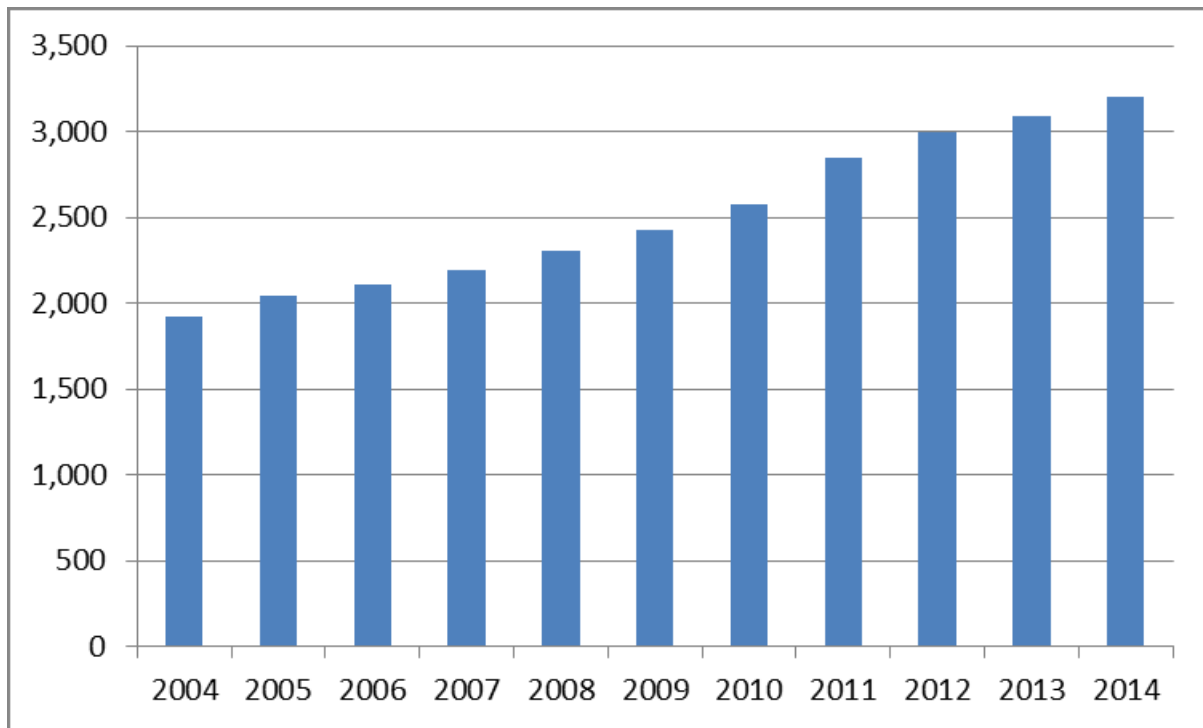
7.12.6 Demand

Southern districts of Chiltern and South Bucks have a higher proportion of older residents (19.4% aged >65 years) who are more likely to require care therefore resulting in more people in these areas needing to provide informal care. In contrast 15% of Aylesbury residents and 15.8% in Wycombe were aged >65 years.

The number of people claiming for carers allowance has increased in absolute number from 1,920 to 3,200 (Figure 4). This represents a percentage increase of 66% over the last 10 years.

With regards to carers assessments and services offered to carers, an increase in demand from services is expected from the implementation and awareness brought about by the Care Act, above and beyond the expected increase seen over the last few years.

Figure 4 Claimants for carer's allowance



7.12.7 Horizon scanning

The Joint Health and Adult Social Care Carers Strategy 2016 - 19 has been developed in direct response to the Government's Next Steps for National Carers Strategy 2010, which was refreshed in 2014, and the NHS Priorities for Carers issued in 2014 alongside recommendations made following a comprehensive needs analysis and engagement with carers, voluntary groups and statutory bodies in Buckinghamshire carried out by Adult Social Care and Public Health in early 2015.

The strategy highlights what we have been doing and sets out a vision of what still needs to be done to give carers the quality of life we believe they deserve, including the basic rights of carers to accessible information, employment and training opportunities and stronger support networks.

The implementation of the Carers' Strategy will be overseen by a monitoring group and by the Carers' Partnership Board. A future consideration could be to repeat the data collection process a short time after implementation to observe how health inequalities for carers may have changed as a result of service improvement.

The broad purpose of the Carers' Strategy is to support carers' wellbeing and individual needs. If carers' wellbeing is retained, the health and social care service

saves a considerable amount of time and resource, particularly as carer breakdown can lead to a crisis for the person they care for as well.

The Carers Strategy encompasses a detailed Commissioning Action 2016 – 19 which is sectioned into the 6 Key Priority Areas and will be implemented and overseen by a Carers Implementation Group. The group will, through the actions below, strive to fully achieve the key principles and outcomes identified for our carers in Buckinghamshire.

Key Outcomes:

- A Support, value and recognise carers as equal partners in care
- B Support and give carers confidence to have a life of their own outside of caring
- C Involve carers in planning and shaping services
- D Recognise that carers need flexible and responsive support

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